

# **Laboratory Results**

Results for the samples and analytes requested

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the certified tests

Lab No.: 7096354001

Client Sample ID.: S-108065

Sample Information:

Type: Drinking Water
Origin: Raw Well
Routine

www.pa

TEL: (631) 694-3040 FAX: (631) 420-8436

www.pacelabs.com

**Hampton Bays Water District** 

P.O. Box 1013

Received:

Hampton Bays, NY 11946

Attn To: Rob King

Federal ID: 5103704 Collected: 07/03/2019 08:35 AM

07/03/2019 06:35 AM 07/03/2019 04:00 PM

Point S-108065 Location Well #4-1

Collected By CLIENT

Analytical Method: EPA 2	200.7						
Parameter(s)	<u>Results</u>	Qualifier	<u>D.F.</u>	<u>Units</u>	<u>Limit</u>	Analyzed:	Container:
Iron	0.52*		1	mg/L	0.3	07/09/2019 4:57 PM	001 BP4N1/1
Manganese	0.098		1	mg/L	0.3	07/09/2019 4:57 PM	001 BP4N1/1

#### Qualifiers:

DF - Dilution Factor, if reported, represents the factor applied to the reported data due to changes in sample preparation, dilution of the sample aliquot, or moisture content.

ND - Not Detected at or above adjusted reporting limit.

J - Estimated concentration above the adjusted method detection limit and below the adjusted reporting limit. Estimated value - below calibration range

U - Indicates the compound was analyzed for, but not detected

Result(s) reported meet(s) NYS Regulatory Limit(s). Result(s) flagged with \* Exceed NYS Regulatory Limit(s). Limit Noted.

Date Reported: 07/10/2019



Stu Murrel

Test results meet the requirements of NELAC unless otherwise noted.

This report shall not be reproduced except in full, without the written approval of the laboratory.



# **Laboratory Results**

Results for the samples and analytes requested

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the certified tests

Lab No.: 7096354002

Client Sample ID.: S-108066

Sample Information:

Type: Drinking Water
Origin: Raw Well
Routine

**Hampton Bays Water District** 

P.O. Box 1013

Hampton Bays, NY 11946

Attn To: Rob King Federal ID: 5103704

Collected: 07/03/2019 08:30 AM Point S-108066 Received: 07/03/2019 04:00 PM Location Well #4-2

Collected By CLIENT

Analytical Method:EPA	200.7						
Parameter(s)	<u>Results</u>	Qualifier	<u>D.F.</u>	<u>Units</u>	<u>Limit</u>	Analyzed:	Container:
Iron	1.3*		1	mg/L	0.3	07/09/2019 5:00 PM	002 BP4N1/1
Manganese	0.12		1	mg/L	0.3	07/09/2019 5:00 PM	002 BP4N1/1

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J - Estimated concentration above the adjusted method detection limit and below the adjusted reporting limit. Estimated value - below calibration range

U - Indicates the compound was analyzed for, but not detected

Result(s) reported meet(s) NYS Regulatory Limit(s). Result(s) flagged with \* Exceed NYS Regulatory Limit(s). Limit Noted.

Date Reported: 07/10/2019



Test results meet the requirements of NELAC

unless otherwise noted.

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**Laboratory Results** 

Results for the samples and analytes requested

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the certified tests

Lab No.: 7096354003

Client Sample ID.: BLENDED 4-1,4-2

Sample Information:

Type: Drinking Water
Origin: Distribution
Routine

**Hampton Bays Water District** 

P.O. Box 1013

Hampton Bays, NY 11946

Attn To: Rob King Federal ID: 5103704

Collected: 07/03/2019 08:40 AM Point Received: 07/03/2019 04:00 PM Location

TEL: (631) 694-3040 FAX: (631) 420-8436

www.pacelabs.com

Collected By CLIENT

Analytical Method:EP	A 200.7						
Parameter(s)	<u>Results</u>	Qualifier	<u>D.F.</u>	<u>Units</u>	<u>Limit</u>	Analyzed:	Container:
Iron	1.0*		1	mg/L	0.3	07/09/2019 5:05 PM	003 BP4N1/1
Manganese	0.11		1	mg/L	0.3	07/09/2019 5:05 PM	003 BP4N1/1

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#### Qualifiers:

DF - Dilution Factor, if reported, represents the factor applied to the reported data due to changes in sample preparation, dilution of the sample aliquot, or moisture content.

ND - Not Detected at or above adjusted reporting limit.

J - Estimated concentration above the adjusted method detection limit and below the adjusted reporting limit. Estimated value - below calibration range

U - Indicates the compound was analyzed for, but not detected

Result(s) reported meet(s) NYS Regulatory Limit(s). Result(s) flagged with \* Exceed NYS Regulatory Limit(s). Limit Noted.

Date Reported: 07/10/2019



Stu Murrel

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### **WorkOrder:**

7096354

# **Laboratory Certifications**

#### **Long Island Certification IDs**

575 Broad Hollow Rd, Melville, NY 11747

New York Certification #: 10478 Primary Accrediting Body

New Jersey Certification #: NY158 Pennsylvania Certification #: 68-00350 Connecticut Certification #: PH-0435

Maryland Certification #: 208

Rhode Island Certification #: I

Rhode Island Certification #: LAO00340 Massachusetts Certification #: M-NY026 New Hampshire Certification #: 2987

Date Reported: 07/10/2019 page 4 of 6



# Sample Request Form PUBLIC WATER SUPPLIER

6	•		
	1		

4	
3	D.
By:	By:
Collected	Accepted

LINE
OFF
WELL
7
3
J

19 U WELL RUN TO SYSTEM

0

Cooler Temp: \_

HAMPTON BAYS, NEW YORK 11946

(631) 728-0179

PO. BOX 1013

Name or Code: Client Info:

Address:

Phone #:

HAMPTON BAYS WATER DISTRICT

Lack 100 DOC'S PRESERVED WITH HOI

**Treatment Types** AST - Air Stripper

# Sample Types

SW - Surface Water PW - Potable Water GW - Groundwater WW - Waste Water

AQ - Aqueous S - Soil

Purpose
RO - Routine
RE - Resample
S - Special - Special

TW - Treated Well D - Distribution RW - Raw Well Origin

- Nitrate Removal Plant - Iron Removal Plant z H o MW - Monitoring Well

- Tank

GAC - Granular Activated Charcoal

- Other

- Effluent - Influent

Copies To:

Bill To:

Proj. # or (Name):

Sample Info.

)	Campio milo											
page	Date/Time Collected:	Sample Type	Location	Origin	Treatment Type	Purpose	Field F	Field Readings Cl <sub>2</sub> pH/Temp		Analysis	Lab No.	
5 of 6	56.8 5 of 6	3	1-4 7BM	A D	1	Ro	B	姊	IROM,	IRON, MONG	18	
	8:30	30	WELL 4-3	RW	1	g		. 228	TROM,	IREN, MAN 6-		
	8:40	Pw	BLENDED 4-1, 4-2	0	ı	Ro	66'	263	IRON,	tron, Monc	(300)	
-		14									)	
1												
	- 14											
	Remarks:											



# Sample Condition Upon Receipt

Lung island Laboratory	Client I	Jamos			Proje	WO#:709	96354
	Chenti	vame.	2/1		rioje		Date: 07/10/19
		// /_	on Dth		•	CLIENT: HBW	, baco. 0//10/10
Courier: Fed Ex UPS USPS C	lient []Comm	ercial 🔁 Pa	iceptn	er		OLILINI. IIBW	
Tracking #:				1. 53			
Custody Seal on Cooler/Box Present:			intact: 🗔		)	ay suspensed to the state of th	ık Present: ☐ Yes ☐ No
Packing Material: Bubble Wrap Bubb	le Bags Zip	loc None	_Other			Type of Ice: Wet	Blue None
Thermometer Used: (TH09)	Correct	ion Factor:	+0,	1	77		poling process has begun
Cooler Temperature (°C):	Cooler To	emperature	Correcte	ed (°C):	5.1	Date/Time 5035A I	kits placed in freezer
Temp should be above freezing to 6.0°C							01-1-1
USDA Regulated Soil ( N/A, water same	ple)			Date and	d Initials of	f person examining o	contents: 7/3/19
Did samples originate in a quarantine zone within the			FL, GA, ID	, LA, MS, NC	<b>.</b>		from a foreign source (internationally, Puerto Rico)? Yes No
NM, NY, OK, OR, SC, TN, TX, or VA (check map)?  If Yes to either question		- C.	l Checklis	st (F-LI-C-0	)10) and in		
ii res to citier question	i, illi out a res	julatou ooi		1		COMMENT	
Chain of Custody Present:	Yes	□No		1.			
Chain of Custody Filled Out:	Yes	□No		2.			
Chain of Custody Relinquished:	Yes	□No		3.			
Sampler Name & Signature on COC:	Yes	□No	□N/A	4.			
Samples Arrived within Hold Time:	Byes	□No		5.			
Short Hold Time Analysis (<72hr):	□Yes	1360		6.			
Rush Turn Around Time Requested:	□Yes	DNO		7.			
Sufficient Volume: (Triple volume provided for MS/I	MSD Yes	□No		8.			
Correct Containers Used:	Yes	□No		9.			
-Pace Containers Used:	Yes	□No				, s	
Containers Intact:	Dyes	□No		10.			
Filtered volume received for Dissolved tests	□Yes	□No	PANIA	11.	Note if sedim	nent is visible in the dissol	ved container.
Sample Labels match COC:	Yes	□No	4	12.			
-Includes date/time/ID/Analysis Matrix SI	1						
All containers needing preservation have been che	cked Yes	□No	□N/A	13.	☐ HNO <sub>3</sub>	□ H₂SO₄ □ Na	OH 🗆 HCI
pH paper Lot #							
All containers needing preservation are found to be	in .			Sample #			
compliance with EPA recommendation? (HNO <sub>3</sub> , H <sub>2</sub> SO <sub>4</sub> , HCl, NaOH>9 Sulfide,	Yes	□No	□N/A				
NAOH>12 Cyanide) Exceptions: VOA, Coliform, TOC/DOC, Oil and Gre	2250						
DRO/8015 (water).	,430,			Initial whe	en completed	: Lot # of added preserv	vative: Date/Time preservative added:
Per Method, VOA pH is checked after analysis							
Samples checked for dechlorination:	□Yes	□No	DINIA	14			
KI starch test strips Lot # Residual chlorine strips Lot #					Positive for R	Res. Chlorine? Y N	
Headspace in VOA Vials ( >6mm):	□Yes	□No	DNIA	15.			
Trip Blank Present:	□Yes	□No	DINIA	16.			
Trip Blank Custody Seals Present	□Yes	□No	DNIA				
Pace Trip Blank Lot # (if applicable):	98550C 102-0040						
Client Notification/ Resolution:				Field Data	a Required?	? Y / 1	N
Person Contacted:					Date/Time	2:	
Comments/ Resolution:							
							<del></del>

<sup>\*</sup> PM (Project Manager) review is documented electronically in LIMS.